COMMONWEALTH OF VIRGINIA DEPARTMENT OF HISTORIC RESOURCES

PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No.	

Instructions: Upon completion of the rehabilitation, submit this form with photographs of the completed work (both exterior and interior views), together with the appropriate review fee. If a Part 2 application has not been previously submitted, it must accompany this Request for Certification of Completed Work. Type or print clearly in black ink. The decision by the Virginia Department of Historic Resources with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

Please note that the deadline for application for the state credit is one year after your completion date. You must submit a complete, fully documented application (Parts 1, 2, and 3) by this date in order to qualify for the state credit.

Data on property:
Name of property:
Address of property Street:
City: State: Virginia Zip:
Is this property a certified historic structure? Yes Individually listed on the Virginia Landmarks Register Certified as contributing structure in listed historic district (attach VDHR letter of certification) Certified as eligible for individual listing on the Virginia Landmarks Register (attach VDHR letter of certification)
Data on rehabilitation project:
Project starting date:
This application covers number of phases.
Date of final Certificate of Occupancy (or, if no Certificate of Occupancy was issued, date rehabilitation work was completed):
Costs attributed solely to the rehabilitation of the historic structure: \$ (If over \$100,000 attach CPA certification)
Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping: \$
Assessed value of the building in the year prior to the start of the rehabilitation project: \$
As defined under $\S 58.1$ -339.2, the building: \square is owner-occupied \square is not owner-occupied
Following rehabilitation, the building will be used for: Owner-occupied single-family residence Rental housing Market rate Number of units: Low/moderate income Number of units: Assisted living Number of units: Industrial space Hotel/Bed and Breakfast/Inn Other:

Data on ownership and Request for Certific	cation:		
law that the information provided is, to the best of	my knowledge, correct, and tha	es of the State tax incentives. I declare under penalty of at in my opinion the completed rehabilitation meets the ed in Part 2 of the Historic Preservation Certification	
Name:			
Name: (If there is more than one owner, Disclosure of Owner, Disc	nership Form must be attached	f. This does not apply to pass-through entities.)	
Organization:			
Street:			
City: Si			
Social Security or Taxpayer Identification Number:	:		
I attest that I have, or am the authorized representative ☐ I am the owner or an authorized representative of ☐ I am a lessee or an authorized representative of ☐ The credit is being claimed under a landlord-te lessee under a lease term of 5 years or long	of the owner. (Attach list of adf f a lessee which actually incurre enant pass-through arrangement	dditional owners if necessary)	
Signature:			

Please return completed form to:

Chris Novelli Tax Credit Division Virginia Department of Historic Resources 2801 Kensington Avenue Richmond, Virginia 23221

☐ See Attachments